



Sunshine Coast Skating Club

STARSKATE

Fall/Winter 2011 – 2012

September 5th 2011 – March 30th 2012

LAST NAME	FIRST NAME	DATE OF BIRTH D / M / Y
STREET	TOWN	POSTAL CODE PHONE#
NAME OF PARENT OR GUARDIAN	EMERGENCY CONTACT	EMAIL ADDRESS (Required for Club Correspondence)
FAMILY DOCTOR	DOCTOR'S PHONE #	PROVINCIAL HEALTH #
KNOWN MEDICAL CONDITIONS (EG. ALLERGIES, ASTHMA, DIABETES ETC)		SKATE CAN REG #

Indicate program #1 or #2

1. **StarSkate Fun, Fitness/Achievement Skaters**
2 Days Plus 1 Morning

2. **Test/Competitive Skaters**
Must do full package 1 with an additional morning or 1 day excel or preferably full excel

2 Days	TIME	OFF-ICE	Visa/MC	5% DISCOUNT (Cash or Chq)	AMOUNT
MONDAY (Gibsons)	4:00 - 5:00 pm 6:15 - 7:30 pm	N/A	\$850.50	\$810.00	\$
WEDNESDAY (Sechelt)	3:45 - 5:15 pm	6:30 - 7:15 pm			
Plus 1 Morning of Choice					
Wednesday (Gibsons)	6:00 – 8:00 am	Circle One			
Friday (Sechelt)	6:00 – 8:00 am				
EXCEL Sept. 6th to March 30th					
Tuesday (Gibsons)	12:45 – 1:45 Warm Up 1:45 - 4:00 On Ice	4:30 - 5:15	\$546.00	\$520.00	\$
Thursday (Sechelt)					
ADD – ON					
Wednesday (Gibsons)	6:00 – 8:00 am	Circle One	\$162.75	\$155.00	\$
Friday (Sechelt)	6:00 – 8:00 am				
SKATE CANADA REGISTRATION FEE AND INSURANCE A NON REFUNDABLE ONE TIME ANNUAL FEE					\$40.00
\$ 40.00 SURCHARGE ON ALL NSF CHEQUES				TOTAL	\$

DROP IN	Session	1 Hour Rate	Over 1 Hour / Under 2 Hours
	Open FreeSkate	\$12.00	\$15.00
	Group Instruction	\$15.00	\$18.00
	Full Hour with Group	\$18.00	\$21.00

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Liability Agreement:

I, as parent/guardian of the above registered skater, agree to hold harmless, the Sunshine Coast Skating Club, their officers or employees for any claims or injuries sustained by _____ during the skating session, on or off the ice.

Signature: _____ **Date:** _____

Publicity Waiver:

I hereby give my consent to the Sunshine Coast Skating Club to use the above named skaters image in the form of a photograph, videotape, likeness or any other recording or reproductions for promotional purposes without payment of any fee or charge.

Signature: _____ **Date:** _____

Harness Waiver:

The Sunshine Coast Skating Club consent, release and indemnification for use of jump harness.

I consent to the use of a jump harness in the teaching my child _____ ice-skating. I understand the belt will be attached to my child's waist in order to enable a skating instructor to lift my child three to five feet off the ice surface, to be pulled along and then lifted during the jump.

I fully understand that there may be other risks either not known to me or not foreseen at this time, and I fully accept and assume all such risks and all responsibility for losses, costs, and damages that I/my child may incur as a result of my child's participation in the activity. I hereby release, discharge, and covenant not to sue the Sunshine Coast Skating Club, its respective administrators, directors, agents, officers, volunteers, employees, and/or any sponsors from all or any liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the use of the harness.

I have read and agree to the above conditions.

Signature: _____ **Date:** _____

Any requests for refunds must be put in writing and addressed to the Board of Directors. No refunds will be given to skaters leaving on their own accord. All refunds will be at the discretion of the Board and will be Prorated. The Skate Canada fees and insurance are non-refundable. A \$25.00 administration fee will be charged for any refund or credit. Should a refund be granted it will be in the form of a credit voucher. A voucher may be transferable to alternate family members and useable within a 1-year period, upon which time it will expire. Refunds will only be considered and potentially given for major medical conditions or injuries affecting the skater and confirmed by a physician's statement. The skater must miss a minimum of 5 consecutive registered skating days to qualify. A cash refund will only be considered for those moving off the Coast with sufficient documentation.

SIGNATURE OF PARENT OR GUARDIAN

DATE

OFFICE USE ONLY

Cash	Chq#	Chq#	Chq#	Chq#	Credit Card
\$	\$	\$	\$	\$	\$